

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Westfield Federal Employee Political Action Committee of Ohio Farmers Insurance Company

Full Name (Last, First, Middle Initial)

A. Krista J Dobronos

Mailing Address 9548 Scottsdale Drive

City	State	Zip Code
Broadview Heights	OH	44147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westfield Bank

Occupation

Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.15574

Amount of Each Receipt this Period

480.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Denise L. Elias

Mailing Address 376 Enos Loomis Street

City	State	Zip Code
Pataskala	OH	43062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westfield Group

Occupation

Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.15418

Amount of Each Receipt this Period

240.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Sally A. Estvanic

Mailing Address 1714 Coyote Run

City	State	Zip Code
Valley City	OH	44280

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Farmers Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.15422

Amount of Each Receipt this Period

720.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1440.00